



**WILSON COUNTY SCHOOLS
STUDENT ACCEPTABLE USE AGREEMENT**

Student:

I have read (or it has been read to me), understand, and will abide by the Wilson County Schools' guidelines regarding district technology resource use (policy 5451 Acceptable Use Policy). Should I commit any violation, my access privileges may be revoked, and school disciplinary action and / or appropriate legal action may be taken.

Student's Name (please print): _____

Signature (if student can sign): _____

Date: _____

Parent / Guardian:

As the parent/guardian of this student, I have read the above-referenced guidelines regarding district technology resource use. I understand that network/Internet access is intended for educational purposes. The Wilson County Schools have taken precautions to restrict my child's access to questionable materials. However, I recognize that it is impossible for Wilson County Schools to restrict access to all questionable materials, and I will not hold the school system responsible if my child accesses or acquires such materials on the network. Further, I accept full responsibility for any costs that my child may incur when using the Internet outside of class time. I hereby give permission for my child to use network resources provided by the Wilson County Schools.

Parent/Guardian's Name (please print): _____

Signature: _____

Date: _____

Signed agreement must be returned to your child's school in order for your child to access network resources.